The Pinelands Commission

P.O. Box 7, New Lisbon, N. J. 08064 (609) 894-9342

June 26, 1989

Mr. Albert Anderson
Route 563
Chatsworth, New Jersey 08019

Please Always Refer To This Application No.

Re: Application No. 84-1202
Block 3705, lot 1
Woodland Township

Dear Mr. Anderson:

You have been informed that prior approvals for the development of a 4 lot subdivision of the above-referenced 7.926 acre parcel did not raise substantial issues with respect to the conformance of the proposed development with the provisions of the Comprehensive Management Plan. Please be further advised that the 3 septic permits issued by the Burlington County Health Department for pressure dosed septic systems on lots 1.05, 1.06 and 1.07 also do not raise any substantial issues with respect to the conformance of the proposed development to the minimum standards of the Plan. As a result, the above approvals will not be reviewed by the Pinelands Commission. You should submit a copy of this letter to any other reviewing agency.

If you have any questions, please contact Susan Uibel of our staff.

Sincerely,

William F. Harrison, Esq.
Assistant Director

WFH/scb
cc: Secretary, Woodland Township
Planning Board
Woodland Township Construction
Code Official
Secretary, Burlington County
Planning Board
Burlington County Health Department

BURLINGTON COUNTY SOIL CONSERVATION DISTRICT
Cramer Building, Route 38, Mount Holly, N.J. 08060
609-267-7410

Transmittal Sheet

FOR
SOIL EROSION AND SEDIMENT CONTROL ACT
CHAPTER 251, P.L. 1975, as amended
(N.J.S.A. 4:24-39 et seq.)

TO: Construction Code Official
Woodland Township
Box 388, Main Street
Chatsworth, NJ 08019

Application No. 25188-221
Sheet _____ Block 3705 Lot 1
Project Name Holloway/Anderson Site Pl
Municipality Woodland Township

The enclosed soil erosion and sediment control plan is:

_X_ Certified
_____ Conditionally Certified
_____ Rejected
_____ More Information is required

Comments:

WE FIND THIS SOIL EROSION AND SEDIMENT CONTROL PLAN EFFECTIVE FOR THE SITE AND IN ACCORDANCE WITH THE REQUIREMENTS OF CHAPTER 251, PL 1975. CERTIFICATION OF THIS PLAN IS FOR SOIL EROSION, SEDIMENTATION AND RELATED STORMWATER MANAGEMENT CONTROLS SPECIFIED IN THIS PLAN. IT IS NOT AUTHORIZATION TO ENGAGE IN THE PROPOSED LAND USE UNLESS SUCH USE HAS BEEN PREVIOUSLY APPROVED BY THE MUNICIPALITY OR OTHER CONTROLLING AGENCY.

SITE INSPECTIONS WILL BE MADE TO THIS PLAN AND ANY CHANGES MAY VOID THIS CERTIFICATION.

A STATEMENT OF COMPLIANCE MUST BE OBTAINED FROM THIS OFFICE PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY ON THE USE OF THIS FACILITY.

George D. Aaronson, Jr.

(Authorized Signature)

October 28, 1988
Date

DISTRIBUTION: White - Municipal Construction Official
Green - ~~Engineer~~
(Yellow - Applicant)
Pink - District
Goldenrod - File

xc: Township Engineer
Planning Bd. Secretary

A4208

Board of Chosen Freeholders
County of Burlington
New Jersey

Burlington County Health Dept.
Raphael Meadow Health Center
15 Pioneer Boulevard
P.O. Box 6000
Mount Holly, NJ 08060

Tele: (609) 265-5548
Fax: (609) 265-5541

APRIL 20, 2007

TO: CHRISTY ADAMS
402 N GILES AVE
CHATSWORTH NJ 08019

PROPOSED PROJECT: POOL

LOCATION: BLOCK 3705 LOT 1.07
WOODLAND TOWNSHIP OF NEW JERSEY

To Whom it May Concern:

Based on the information submitted to this Department regarding the above proposed project (s), this Department does not require any alteration, expansion or replacement of the existing septic system and does not require any change in location of the proposed project.

Should you have any questions you may contact the undersigned.

Sincerely,

MICHAEL C GAVIO
PRINCIPAL SANITARY INSPECTOR
609-265-3735

bk
c: Construction Code Official
file

Board of Chosen Freeholders
Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548

June 7, 1989

Al Anderson
Rt. 563
Chatsworth, NJ 08019

Re: Well Application 4019-89
Block 3705 Lot 1.07
Woodland Twp.

Dear Mr. Anderson:

Your application for the installation of a proposed individual water supply system is approved to be in compliance with provisions of applicable state and local laws.

THIS APPROVAL BECOMES NULL AND VOID 7-22-89.

This approval is not a permit to install the system. If a local permit is required, such permit must be obtained from your municipal agent.

This Department shall be notified three (3) working days in advance of starting installation and the installation shall be inspected by a representative of this Department. Inspection shall consist of: **WELL SEAL; PROPER VENTING AT WELL SEAL; CONNECTION OF WATER SUPPLY TO TANK AND INSTALLATION OF TREATMENT SYSTEM** when required. Final certification for use of the well will not be given until this Department has received the analytical results for bacteriological, physical and chemical quality of the raw water from a New Jersey State Certified Laboratory. Analysis shall be identified by the block and lot number, county application number and signed by the responsible laboratory official, and certified that the laboratory has drawn the raw sample.

PLEASE NOTE: It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and the installer of the system are made aware of this approved application prior to the beginning of any construction. It is also your responsibility to insure that the system is installed in strict accordance with this approved application. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Michael C. Gavio
Senior Sanitary Inspector

bk

cc: Board of Health
Construction Code Official
Well Driller

Board of Chosen Freeholders
Of The County of Burlington

MOUNT HOLLY, NEW JERSEY
08060

OFFICE OF:
BURLINGTON COUNTY
HEALTH DEPARTMENT
(609)-265-5548

June 7, 1989

Al Anderson
Rt. 563
Chatsworth, NJ 08019

Re: Septic Application 4019-89
Block 3705 Lot 1.07
Woodland Twp.

Dear Mr. Anderson:

Your application for the installation of a proposed individual subsurface sewage disposal system is certified to be in compliance with the provisions of applicable state and local laws.

☐ Based on Engineering Data Only. ☒ Based on Engineering data and Percolation Test(s) and Soil Boring(s) being witnessed by a representative of this Dept.

THIS CERTIFICATION BECOMES NULL AND VOID 7-22-89. . Should this system not be installed by this date, contact this office for recertification instructions. This certification and approved design is not a permit to install the system. Such permit must be obtained from your municipal agent.

NO CHANGE IN THE PLAN SHALL TAKE PLACE WITHOUT PRIOR APPROVAL OF THIS DEPARTMENT.

At the time of installation, the system shall not be covered from view until it has been inspected by a representative of this Department and permission to cover same has been given by that representative. Request for such inspection shall be made to this Department no later than 72 hours prior to the date of installation. ***FINAL CERTIFICATION WILL NOT BE GIVEN BY THIS DEPARTMENT UNTIL THE DESIGN ENGINEER HAS CERTIFIED IN WRITING, BY SIGNATURE & SEAL TO THE FOLLOWING;***

☐ Excavation to a depth of _____ inches and back-filled to the bottom of the disposal field with material having a percolation rate of + or - 5% of _____ minutes per inch.

☐ _____inches of fill extending ☐ 20 feet ☐ 10 feet beyond the limits of the disposal field with a percolation rate of + or - 5% of _____minutes per inch.

☐ Pumping equipment ☐ Alarm System ☐ Final Grading & Stabilization ☐ None of the above.

☒ Other: ENGINEER MUST CERTIFY TO ALL PHASES OF SYSTEM INSTALLATION.

PLEASE NOTE ; It is YOUR RESPONSIBILITY, as the owner, to insure that your building contractor, plumber, and the installer of the system are made aware of this approved design prior to the beginning of any construction. It is also your responsibility to insure that the system is installed in strict accordance with this approved plan. Any unauthorized deviation from the plan could result in legal action being instituted in Municipal Court against all parties concerned.

Sincerely,

Michael C. Gavio
Senior Sanitary Inspector
(609) 265 5519

bk

cc: Board of Health
Construction Code Official
Design Engineer
File

BURLINGTON COUNTY HEALTH DEPARTMENT
Woodlane Road
Mount Holly, N.J.

APPLICATION FOR CERTIFICATION OF A PROPOSED
INDIVIDUAL WATER SUPPLY SYSTEM

FOR COUNTY USE ONLY
County No. 4019-89
Date Received

INSTRUCTIONS TO APPLICANT:
Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to owner after approva
Each copy of application must be accompanied by an accurate sketch (preferable drawn to scale) showing all pertinent distances and locations of the following: (Sketch may be omitted if submitted in conjunction with sewage disposal design.)
CHECK OFF EACH INSTRUCTION WHEN COMPLIED WITH

- [/] Dimension of Lot
- [/] Location of all buildings within 150 feet of water source.
- [/] Location of proposed water supply system
- [/] Location of all sewerage facilities within 150 feet of well & proximity of storm drains or other sources of pollution.
- [/] Location of any abandoned sewage disposal areas on building lot.

All information requested on this application form must be supplied. Failure to do so may require that the application be returned to you for completion.

Any other data which may affect the system should be included.

NOTE: The Health Department shall issue or deny certification of this application within 15 days after receipt thereof, and the certification will not be issued until the property has been physically inspected by a representative of this Department.

OWNER of property AL Anderson Phone: [illegible]
Present mailing address: [illegible] CHATSWORTH, NJ
ADDRESS OF PROPERTY: MUNICIPALITY WOODLANE BLOCK 3705 LOT 1.07
LOCATION: Give directions to property from Mount Holly - to include landmarks & distances in order that the inspector may locate the site.

TYPE OF BUILDING TO BE SERVED:
[X] Individual dwelling
[ ] Other - Specify

Well Head: Pitless Installation [ ] or Sanitary Seal [X]
Is Municipal Water located within 100 feet of the property line [ ] Yes [X] No

NJDEP Permit No. _____ Diversion Permit — Type of Casing PVC 40
Depth of Well 109' Diameter of Well 4 Storage Facility V 60
Pressure Line 1" Suction Line — Annular Space CLAY TO 10 FT. CEMENT
Type of Pump & Capacity SUB 600 G.P.H. Method of disinfection H.T.H.
Type of Screen JOHNSON PVC Distance from Supply Line to Building Sewer 10+
Method of Venting - Describe 4 TO HOME
Name of Pump Installer if Other Than Well Driller & License No. 1157

REMARKS:

The undersigned agrees to construct the described water supply system in accordance with the Provisions of Chapter 199, P.L. 1954 and the standards for construction of such water supply promulgated by the State Department and those established by local ordinance, where such local ordinances prescribe higher standards than those promulgated by the State Department.

NAME OF WELL DRILLER STAR WELL DRILLERS INC. License # 1157
ADDRESS OF WELL DRILLER 30 R. R. ROW - RT. 70 BROWNS MILLS, N.J. 08015

_____ Signature William E. Wallace

SIGNATURE OF OWNER [signature]

APPROVED
AS BEING IN SUBSTANTIAL COMPLIANCE WITH CHAP. 199, P.L. 1954 ON 6/6/89
BY M. C. Jones
BURLINGTON CO. HEALTH DEPT.
CO. # 4019-89

BCHD #9 (Revised 86)

BURLINGTON COUNTY HEALTH DEPARTMENT
WOODLANE ROAD
MOUNT HOLLY, N.J.
08060

FOR COUNTY USE ONLY
County No: 4019-89
Date Received:

APPLICATION FOR A PROPOSED:
X Individual Subsurface Sewage Disposal System
__ Alteration of an Existing Individual System
__ Conventional Design X Alternative Design __ Ruck System

INSTRUCTIONS TO APPLICANT:
Four (4) copies of the application must be submitted for conventional designs and five (5) for alternative designs. Only clear, legible copies will be accepted. The white copy must be original. Each copy of the application must be accompanied by an accurate sketch, drawn to scale, showing all pertinent distances & locations of the following:

BUILDING TO BE SERVED
EACH UNIT OF DISPOSAL AREA
BUILDINGS OR LARGE TREES IN DISPOSAL AREA
DRIVEWAYS
WATER COURSES
EXISTING WELLS WITHIN 200 FEET OF SYSTEM
LOCATION OF PROPOSED WELL
LOCATION OF PERC TEST & SOIL BORING
LOCATION OF OLD SEPTIC SYSTEM IF APPLICABLE
LOCATION OF EXISTING SEPTIC, 200 FT. FROM PROPOSED WELL

IS MUNICIPAL SEWAGE AVAILABLE WITHIN 200 FEET OF THE PROPERTY LINE? NO

MUNICIPALITY WOODLAND TOWNSHIP
BLOCK 3705 LOT 1.07

OWNER OF PROPERTY ALBERT ANDERSON Phone # 726-1238
Present Mailing Address RT. 563; P.O. Box 258, Chatsworth, NJ 08019
(The certified copy of application will be mailed to this address)

LOCATION: Give directions to property, from Mount Holly, including landmarks & distances.

TYPE OF BUILDING TO BE SERVED:

X Residence
No. of Bedrooms 4
Expansion Attic __ yes X no
Expandable to ___ Bedrooms
Garbage Disposal __ yes X no

__ Commercial or Other:
Type of Waste: __ Sanitary __ Industrial __ Other
Specify:
Type of Business:
No. of Employees ____ Basis of estimated flow in gallons

ATTENTION
BUILDER, INSTALLER, OWNER, AND INSPECTORS
SPECIAL INSTALLATION REQUIREMENTS MUST BE COMPLIED WITH PRIOR TO COVER-UP AND FINAL INSPECTION BY DEPARTMENT

MINIMUM SIZE SEPTIC TANK TO BE INSTALLED
1500 GALLONS.

DISPOSAL AREA TO BE:
___ DISPOSAL TRENCHES X DISPOSAL BED ___ OTHER Specify*
*Design & Minimum construction requirements shall be submitted

MINIMUM CONSTRUCTION REQUIREMENTS FOR TRENCHES OR BED
Width of each disposal trench ____ inches or Bed 20 feet. Length of each 40 feet
Distance between lines 4 feet. Distance from edge of bed to nearest line 2 feet
Depth of excavation 0 inches. Depth of Filter Material 12 inches.
Size & Type of Distribution Lines 1" PERF PVC Slope of lines (in 100 ft.) ____ inches.
FILL MATERIAL WHERE REQUIRED - Specify: ____ inches of fill at ____ Percolation rate.
A GRADING PLAN SHALL BE REQUIRED AS PART OF THIS APPLICATION WHEN FILL IS 2 FEET OR GREATER.

SUPPORTING DATA:
Percolation test performed by Soiltech, Inc. Date 1-20-87
*Soil Boring performed by Soiltech, Inc. Date 1-20-87
Depth of Soil Test Boring 10' Water encountered 5.25 Feet. Permanent, fluctuating or seasonal high water table is 5 Feet (Must be completed)
*A minimum of 10 feet, unless otherwise specified. WITNESSED BY: Bob Lawrence
PERCOLATION DATA (Rate, Depth & Equalizations) & Soil Log MUST APPEAR ON SCHEMATIC

(If any change in the physical conditions of any lands of a realty improvement, which will materially affect the operation of the water supply system or sewerage facilities covered by any certification issued under the act, shall be made after certification, the certification shall become null and void and a new certification shall be obtained before construction proceeds. If 50 or more realty improvements are covered by such a valid certification a copy of the application for a new certification shall be mailed to the State Department on the date upon which it is submitted to the Board.)

NAME & ADDRESS OF ENGINEER:
UNDERWOOD ENGINEERING TESTING CO. INC
3 SO. BLACK HORSE PIKE
MT. EPHRAIM, NJ 08059

SIGNATURE & SEAL:

The undersigned agrees to construct the described subsurface sewage disposal system in accordance with the provisions of Chapter 199, and the standards for construction of such subsurface sewage facilities promulgated by the State Department, and those established by local ordinance, where such local ordinance prescribe higher standards than those promulgated by the State Department.

This plan for a sewerage facility is

CERTIFIED

to be in substantial compliance with the provisions of Chapter 199 and standards for Construction as promulgated by the State Dept. and those established by local ordinance.

SIGNATURE OF OWNER OR AGENT

By M. C. Davis Date 6/6/89
BURLINGTON COUNTY HEALTH DEPT.
CO. # 4019-89

DISTRIBUTION TO BE MADE BY COUNTY ONLY